

“Exploring New Frontiers in Diabetes, 2008”



Conference logistics

- 210 Attendees
- Partnered with MAADE to provide rooms for their conference and assisted with conference brochure, mailings
- Used audience interactive devices for the first time with excellent feedback
- Provided opportunity for CKD Project partner MPQH to present project
- Presented updates on Montana Cardiovascular Disease and Diabetes Prevention Program

Speaker Topics

- Research Updates
- Using Insulins in 2008: What approaches are best?
- Advancing Therapy in Type 2 Diabetes: 2008 Case Panel
- Gestational Diabetes - An Ongoing Family Challenge
- Preserving Kidney Health New Guidelines

Evaluations

Review of Evals - Copies are on web site
and in packets

- We would like your input and ideas for speakers and topics for next year's conference

Exploring New Frontiers in Diabetes, 2008

Thursday, October 23, 2008

Holiday Inn, Bozeman, MT

CONTINUING EDUCATION EVALUATION FORM

1 Poor 2 Fair 3 Average 4 Good 5 Excellent
(Use above rating scale)

Research Update

Irl Hirsch, MD, University of Washington

At completion of this program, participants will be able to: **Mean** **Min/Max**

- | | | |
|---|------|-----|
| 1. Differentiate the findings from current trials about the relationships of diabetes control to heart disease. | 4.61 | 2/5 |
| 2. Identify a source of cells that may be able to differentiate into islet cells. | 3.50 | 1/5 |
| 3. Will identify inflammatory factors that influence both diabetes and cardiovascular disease. | 4.02 | 1/5 |

The speaker was knowledgeable, organized and effective in the presentation.	4.85	3/5
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Teaching methods/aides were appropriate and used effectively.	4.73	3/5
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Please rate your satisfaction with the following: **Mean** **Mean/Max**

Your overall satisfaction with the program.	4.58	3/5
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Program objectives were clearly stated.	4.38	1/5
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The program effectively met stated learning objectives.	4.35	1/5
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Your own objectives were met through the content presented.	4.44	2/5
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The length of the program was appropriate for material covered.	4.54	2/5
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The atmosphere/facility was conducive to learning.	4.60	3/5
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Instructional handouts were appropriate for material covered.	4.45	2/5
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Did you perceive bias in any of the speakers or materials? Yes=6.8% No=93.2%

Comment:

- Each speaker had specific focus/interest
- Yes but justified
- Spoke against Avandia
- Pro Byetta

What will you do differently in your practice/service setting as a result of this training?

- Keep in mind that not all individuals require the same treatment **X4**
- Pay attention to timing of insulin and teach about timing **X3**
- Use CGMS with adults
- Emphasize early intervention
- Patient education **X2**
- Will check on downloading glucometers
- Will not emphasize target control with pts with known CVD **X2**
- Use of RTS & potential reimbursement

- Think more about glucose monitoring **X7**
- Earlier detection
- Push improved control with onset
- Share information
- Re examine use of intensive therapy with long term DM
- Ask more question of the patient
- Encourage smoking cessation

What additional information could this program have provided to assist you with patient care?

- Approaches with teens
- How to detect early
- Address question son islet cells
- Clinical implication and application
- Give examples of new insulins
- Relaxation techniques

Suggestions for future topics: Additional comments about this course:

- Expansion on diabetes management
- Bring Dr. Hirsch back to do updates next year **X2**
- Depression
- Love the research
- Motivational interviewing

Please indicate your profession: MD =12.7% RN=37.3% NP=11.9% LPN=3.4%
RD=12.7% CDE=6.8% PharmD=1.7% RPh=9.3% Other=4.2%

Exploring New Frontiers in Diabetes, 2008

Friday, October 24, 2008
Holiday Inn, Bozeman, MT

CONTINUING EDUCATION EVALUATION FORM

1 Poor 2 Fair 3 Average 4 Good 5 Excellent
(Use above scale)

Using Insulins in 2008

Irl Hirsch, MD, University of Washington

At completion of this program, participants will be able to:

	Mean	Min/Max
1. Name two mechanisms of action for incretin mimetic therapy.	4.02	1/5
2. Identify three classes of oral agents with different sites of action.	3.4	1/5
3. Identify two targets to follow for adjusting therapies for diabetes.	4.69	2/5
The speaker was knowledgeable, organized and effective in the presentation.	4.74	1/5
Teaching methods/aides were appropriate and used effectively.	4.60	1/5

Advancing Therapy in Type 2 Diabetes: 2008

*Nancy Eyler, MD; Christopher Sorli, MD; Justen Rudolph, MD;
Jan Hollingworth, RN, BSN, CDE*

At completion of this program, participants will be able to:

	Mean	Min/Max
1. Name 2 benefits of adding pioglitazone to the patient presented in the case study.	4.64	2/5
2. Name 2 reasons to add bedtime insulin to the patient presented in the case study.	4.66	3/5
3. Identify 2 reasons to add Byetta to the patient presented	4.73	3/5
The speakers were knowledgeable, organized and effective in the presentation.	4.83	3/5
Teaching methods/aides were appropriate and used effectively.	4.78	3/5

Gestational Diabetes – An Ongoing Family Challenge

David Pettitt, MD

At completion of this program, participants will be able to:

	Mean	Min/Max
1. Identify 2 obstetrical complications associated with GDM	4.55	2/5
2. Name 1 major long term cardiometabolic risk factor for children exposed to diabetes in utero.	4.41	1/5
3. Recognize alternative methods for screening and diagnosing GDM.	4.32	2/5
The speaker was knowledgeable, organized and effective in the presentation.	4.26	1/5
Teaching methods/aides were appropriate and used effectively.	4.04	1/5

Preserving Kidney Health – New Guidelines

Raimund Pichler, MD

At completion of this program, participants will be able to:

	Mean	Min/Max
1. Describe the best way to measure and follow the level of albuminuria in patients with diabetes over the long term course of follow-up.	4.85	2/5
2. Recognize the cut off values that have been defined for Chronic Kidney Disease using estimated GFR.	4.86	1/5
3. Identify antihypertensive agents that have renoprotective effects in diabetes.	4.87	2/5
The speaker was knowledgeable, organized and effective in the presentation.	4.90	1/5
Teaching methods/aides were appropriate and used effectively.	4.74	1/5

Please rate your satisfaction with the following:

	Mean	Min/Max
Your overall satisfaction with the program.	4.70	4/5
Program objectives were clearly stated.	4.61	4/5
The program effectively met stated learning objectives.	4.64	4/5
Your own objectives were met through the content presented.	4.62	4/5
The length of the program appropriate for material covered.	4.70	2/5
The atmosphere/facility was conducive to learning.	4.64	3/5
Instructional handouts were appropriate for material covered.	4.48	3/5
1. Did you perceive bias in any of the speakers or materials? Yes= <u>7.2%</u> No= <u>89.2%</u> Comments: <ul style="list-style-type: none">• Bias was discussed upfront X2• Not sure if the studies should have been presented as fact if not published• Bias to type of tx not to brand of meds• Fair and well balanced• Represented research & clinical observations vs pharmaceutical representation• Pro byetta		
2. What will you do differently in your practice/service setting as a result of this training? <ul style="list-style-type: none">• More aggressive tx for diabetic pts with kidney disease X7• Possibly avoid glargene in GDM• Request GFR/microalbumin @ the lab X6• Closer monitoring of DMT• GDM session very useful X2• Insulin use and byetta X2• Analyze pros/cons of different tx modalities more often X3• Won't get hung up on protocols• Patient education X10• Nothing• More comfortable with insulin regimens X5• Individualize tx to patient X10		

- Get new guidelines for practitioners
 - Consider age/duration for pharmaceutical choice **X3**
 - Treat sooner with byetta or insulin **X5**
 - Use TZD less and exanetide more **X2**
 - More aggressive tx upon dx of T2 **X3**
3. What additional information could this program have provided to assist you with patient care?
- More education tips
 - Studies for final speaker
 - More hands on material **X4**
 - Creatinine calculator for each participant
 - Heart surgery and diabetes
 - Give away test strips
 - Successful tools from other organizations
 - Using insulin in hospital stays short term
4. Additional comments about this course:
- Handouts needed/didn't match talk **X22**
 - Seem to use same docs pls dry Drs Gunville, DeSouza or Danisich again
 - Break longer sessions into longer sessions
 - Well done/great/excellent conference **X11**
 - Great speakers **X12**
 - Good information **X3**
 - Great job by staff
 - Round tables difficult **X4**
 - Too many speakers at dinner
 - Billings for next year is great
 - Need dynamic speaker after lunch **X5**
 - Successful tools from other organizations
 - Serve diabetic foods
 - Too much data
 - Great exhibits **X4**
5. Suggestions for future topics:
- Community outreach efforts s/b presented to share ideas
 - Medication effect on blood glucose
 - Behavioral change **X6**
 - (resistance to tx)
 - (motivational interviewing)
 - (more pt centered)
 - (lifestyle change)
 - More case studies **X6**
 - (less scientific)
 - Diabetes & gastric bypass surgery **X2**
 - Weight mgmt/lifestyle change **X5**
 - Foot care **X3**
 - Economic challenges
 - Diabetes and psychiatric medication
 - Diet impact on diabetes
 - (carb counting) **X3**
 - Insulin pumps **X2**
 - Pediatric and adolescent care **X3**
 - Managing complications
 - Neuropathy **X2**

- Erectile dysfunction
- New Therapies
- Treating metabolic syndrome **X2**
- American food supply's contribution to > in diabetes
- Getting insulin for poorer populations
- Would like Registered Dietitian speaker
- Insulin related to hospital stays **X2**
 - Insulin stacking
- New GDM guidelines
- Retinopathy
- Patient panel
- Interactive sessions

Please indicate your profession: MD=12.5% RN=36.8% NP=11.8% LPN=4.2% RD=16.7%

CDE=2.8% PharmD=1.4% RPh=7.6% Other=4.2%